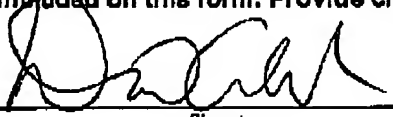


OCT 03 2005

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> (Large Entity)					Docket No. 125974/GEM-0053	
In Re Application Of: <b>Darin R. Okerlund</b>						
Application No. 10/065,595	Filing Date 11/1/2002	Examiner Smith, Ruth S.	Customer No. 23413	Group Art Unit 3737	Confirmation No. 2440	
Invention: <b>METHOD AND APPARATUS FOR MEDICAL INTERVENTION PROCEDURE PLANNING</b>						
<b><u>COMMISSIONER FOR PATENTS:</u></b>						
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response to the Office Action of <u>June 6, 2005</u> above-identified application. <span style="margin-left: 100px;"><i>Date</i></span>						
The requested extension is as follows (check time period desired):						
<input checked="" type="checkbox"/> One month <input type="checkbox"/> Two months <input type="checkbox"/> Three months <input type="checkbox"/> Four months <input type="checkbox"/> Five months						
from: <u>9/6/2005</u> until: <u>10/6/2005</u> <span style="margin-left: 100px;"><i>Date</i></span> <span style="margin-left: 100px;"><i>Date</i></span>						
The fee for the extension of time is \$120 and is to be paid as follows:						
<input type="checkbox"/> A check in the amount of the fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. 07-0845 <input checked="" type="checkbox"/> If an additional extension of time is required, please consider this a petition therefor and charge any additional fees which may be required to Deposit Account No. 07-0845 <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.						
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>						
 <i>Signature</i>			Dated: <b>October 3, 2005</b>			
David Arnold Registration No. 48,894 Cantor Colburn LLP 55 Griffin Road South Bloomfield, CT 06002 phone: 860-286-2929 fax: 860-286-0115			I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ <span style="margin-left: 100px;"><i>(Date)</i></span> _____ <span style="margin-left: 100px;"><i>Signature of Person Mailing Correspondence</i></span> _____ <span style="margin-left: 100px;"><i>Typed or Printed Name of Person Mailing Correspondence</i></span>			

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